

Editorial

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Dementia currently affects an estimated 822,000 people in the UK, and costs the UK economy £23 billion a year, according to the Alzheimer's Research Trust. One in three people over 65 dies with some form of dementia. Moreover, in the next 30 years, the numbers affected are likely to double, with an associated massive rise in costs.

Despite the scale of the problem, dementia is an area that is sadly neglected, along with those it affects. For example, just 2.5 per cent of the government's research budget is spent on dementia, while 10 times this is spent on researching cancer. Another manifestation of the way in which the issue is ignored is that health and social care professionals often tend to think – still – that nothing can be done about dementia. Yet beliefs that we can do nothing are simply reflections of the considerable stigma that surrounds the condition, according to John Hague (see page 38). Certainly it seems that dementia qualifies as a disability, with all the associated issues of stigma and exclusion.

While counsellors and psychotherapists may not generally see people with a dementia diagnosis, this is likely to start to change as more high profile personalities like Terry Pratchett 'come out' with the condition – and as diagnoses are made at earlier stages, and people start to realise that psychological therapies can be supportive for those affected in a number of ways. Both Danuta Lipinska and Ken Laidlaw argue, respectively, that person-centred therapy and cognitive behaviour therapy (CBT) are an 'appropriate fit' for those with a dementia diagnosis – for different reasons – and both are hopeful that the 2009 *National Dementia Strategy* should help those affected to benefit from psychotherapeutic support. Laidlaw's message that something can be done about depression in dementia is also a good one – as he writes, if depression is present, it places an additional burden on top of a dementia diagnosis, and is treatable.

Although counsellors may not yet see people with a diagnosis of dementia, most will have worked with someone who is caring for a family member with the condition. Pamela Griffiths points out that such carers can benefit greatly from a number of therapeutic interventions, and outlines some of the difficulties they face. Healthcare practitioners already working with this group will recognise some of these issues; perhaps more training in this area would be helpful to all. Counsellors might also play a greater role in training frontline healthcare professionals in this field, such as nurses, in counselling skills, as Dot Weak and her colleagues outline.

Maggie Ellis and Arlene Astell write movingly about improving communications between people with advanced dementia and their carers, so benefiting both. Their article provides an insight not only into the experiences of dementia sufferers when they can no longer speak, but also indicates that communication is still possible, and thus that there is scope for including, rather than excluding, even those in the later stages of dementia in the social world.

Penny Gray
Editor